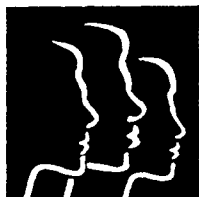


COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide RESIDENTIAL CARE FACILITY FOR THE ELDERLY ADMINISTRATIVE ASSESSMENT



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

TECHNICAL SUPPORT PROGRAM

RESIDENTIAL CARE FACILITY FOR THE ELDERLY ADMINISTRATIVE ASSESSMENT

The administrative assessment tool is designed to assist licensees and facility staff to perform periodic self assessments of a facility's operation. The assessment is comprised of some of the most common deficiencies noted by Licensing Program Analysts during their evaluation visits. It is not an exhaustive list or a full summary of regulations relating to the operation of facilities. ***IT CANNOT BE USED AS A SUBSTITUTE FOR HAVING A GOOD WORKING KNOWLEDGE OF THE REGULATIONS.***

These items summarize regulation and other conditions which commonly lead to citation. For that reason, licensees should refer to the referenced regulation(s) for complete information on requirements. Items contained in this tool which have an asterisk (*) are not required by licensing regulation. They are, however, recommended practices that can assist licensees to avoid situations which may lead to violations.

The assessment should be used periodically to review the facility's performance in a variety of areas to identify and correct deficiencies and to identify areas of weakness in the facility's operation and staff training needs. It can also be used as a training tool to familiarize staff with basic Licensing requirements. Facilities may wish to add items to the form which have historically been problem areas for their operations or to implement program standards that exceed Licensing requirements.

MEDICATIONS

<u>MET</u>	<u>NOT MET</u>	
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All centrally stored medications (including over the counter medicines and medications stored in the refrigerator) are locked. 87575(h)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Medications are maintained in compliance with label instructions. (Room temperature, refrigerated, etc.) 87575(h)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There are no expired medications (including over the counter medicines). 87575(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. There are no medications for former residents in the facility. 87575(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. There are no permanently discontinued medications in the facility. 87575(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Each prescription medication has been logged in a centrally stored medication record. 87575(h)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Destroyed prescription medications are logged in a centrally stored medication record. 87575(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Residents are assisted with medications according to label/physician instructions. 87575(a)(1)(6) |

MEDICATIONS
(continued)

MET **NOT MET**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Each resident's file contains documentation from the resident's physician that the resident <u>can</u> determine and communicate his/her need for <u>prescription and nonprescription</u> PRN medication and the physician has provided written instructions for its use. 87575(b)
OR
For <u>nonprescription</u> PRN medication <u>only</u> , each resident's file contains documentation from the resident's physician that the resident <u>cannot</u> determine his/her need but <u>can clearly</u> communicate his/her symptoms and the physician has provided written instructions for its use. 87575(c)
OR
For <u>prescription and nonprescription</u> PRN medication, when the resident is <u>unable</u> to determine his/her own need for the medication and is <u>unable</u> to clearly communicate his/her symptoms, facility staff contact the resident's physician before each dose is given and receive instructions. 87575(d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Syringes and needles are immediately discarded into appropriate containers; i.e. a container for sharps. 87691(f) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Medication labels are not altered. 87575(h)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. * Medications are not set up more than 24 hours in advance. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. * Documentation is on file indicating the doctor has been contacted when residents refuse medications. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. * There are enough medications left in each bottle to order a refill before the current supply runs out. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. * Documentation is on file that the resident's physician is aware of all over the counter medications the resident is taking. |

PHYSICAL PLANT

GENERAL

MET **NOT MET**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Walls and ceilings are clean and in good repair. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Paint/wallpaper is in good condition. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Windows and curtains/blinds are in good condition and operate properly. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Floors and floor coverings are clean and in good repair. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Doors are in good condition and operate properly. 87691(a) |

PHYSICAL PLANT

GENERAL
(continued)

MET **NOT MET**

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Equipment and supplies are not stored in the yard or areas used by residents. 87690(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Smoke detectors operate properly and fire extinguishers are properly charged. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Furniture and fixtures are in good repair. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Weapons and potentially hazardous items are locked up. 87692(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Handrails are securely fastened. 87577(d)(4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Buildings and grounds are free from hazards. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Passageways, stairways and doors are not blocked or obstructed. 87577(d)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Rooms are free of odors. 87691(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Room temperature is a minimum of 68 degrees and a maximum of 85 degrees. (In extreme heat, maximum temperature is 30 degrees less than outside.) 87691(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Signal system, if required, operates properly. 87691(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Bodies of water are inaccessible to residents with physical or mental disabilities. 87577(e) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Facility is free of flies and other insects. 87691(a) |

RESIDENT ROOMS

MET **NOT MET**

- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sheets, pillow cases, mattress pads, blankets, bedspreads, bath/hand towels, and wash cloths are clean and in good repair. 87577(a)(3)(C) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Mattresses, boxsprings and pillow(s) are in good condition. 87577(a)(3)(A) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There is one chair, night stand, adequate lighting and a chest of drawers for each resident. 87577(a)(3)(B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Closet and drawer space for clothing/personal belongings. A minimum of eight cubic feet of drawer space shall be provided. 87577(a)(3)(E) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Clothes in dressers and closets are clean. |

BATHROOMS

<u>MET</u>	<u>NOT MET</u>
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Hot water is 105 - 120 degrees fahrenheit. 87691(e)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There are securely fastened grab bars for all tubs, showers and toilets. 87691(e)(4). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There are non-skid strips or mats in tubs and showers. 87691(e)(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sinks, tubs, toilets and showers are clean and operable and toilet seats are securely fastened. 87691(a), (e)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Common wash cloths and towels are not used. 87577(a)(3)(C) |

SUPPLIES

<u>MET</u>	<u>NOT MET</u>
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Equipment and supplies for personal hygiene are available for residents in sufficient amounts. 87577(a)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a sufficient supply of linens available to permit changing weekly or more often as needed to ensure use of clean linens at all times by residents. 87577(a)(3)(C) |

FOOD SERVICE

<u>MET</u>	<u>NOT MET</u>
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Food storage and preparation areas (pantrys, cupboards, freezers, stoves, microwaves, refrigerators, counters) are clean. 87576(b)(27), (29) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There are no pesticides or toxics (ant spray, rodent poison) stored in any food storage or preparation room or with utensils. 87576(b)(24) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Cleaning supplies are kept in areas separate from food supplies. 87576(b)(25) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Contaminated or spoiled food is discarded. 87576(b)(28) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Food supplies are kept covered and inaccessible to pests and contamination. 87576(b)(9), (23), (28) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Frozen foods are properly wrapped. 87576(b)(9), (28) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Trash can has tight fitting cover. 87691(f)(1), (3), (4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Freezer is 0 degrees fahrenheit. 87576(b)(21) |

FOOD SERVICE **(continued)**

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Refrigerator is 40 degrees fahrenheit. 87576(b)(21) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Menu prepared one week in advance in RCFEs with a capacity of 16 or more. Copies of menus as served are dated and kept on file for at least 30 days. 87576(b)(6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Two day supply of perishables and seven day supply of non-perishables are available in the facility. 87576(b)(26) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Snacks and beverages are available in the facility. 87576(b)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Dishes, glasses and utensils are clean and in good condition (no cracks or chips). 87576(b)(29) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Modified diets are provided as needed. 87576(b)(7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Powdered milk is not used as a beverage. 87576(b)(11) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. * Food supplies are dated and rotated to use old items first. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. * Food to prepare items on the menu is available. |

PERSONAL PROPERTY

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Residents' cash records are current. 87227(g)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Bond is sufficient for amount of cash handled. 87226(a)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Personal property list is updated with additions and deletions. 87227(g), H&S Code 1569.153 |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Theft and loss policy is posted and reviewed semiannually. H&S Code 1569.153 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Residents' cash records balance with cash being safeguarded. 87227(g)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Loans to residents are documented. |

CLIENT OBSERVATION

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Staff are familiar with the information in the resident's preadmission appraisals. 87565(a), (c)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Care staff observe each resident to ensure that physical, mental, emotional and social needs are met. 87591 |

**CLIENT OBSERVATION
(continued)**

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Deterioration in resident's condition is reported to the resident's physician and responsible person, if any. 87591 |
|--------------------------|--------------------------|----|---|

RECORDS

(RESIDENTS)

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Residents' records are not accessible to unauthorized persons. 87570(c)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Resident's file contains required records. 87570(a), (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Information in resident's file is updated as needed. 87570(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Preadmission appraisals are updated as necessary to note significant changes. 87587(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Documentation for allowable health conditions is maintained in file and is current. 87702.1(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Copies of any exceptions for residents are on file. |

RECORDS

(STAFF)

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Staff files contain required records. 87566(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Items that expire (first aid, driver's license) are updated. 87575(f)(5), 87574 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Fingerprints are submitted within 20 days of employment. 87219(c)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Continuing education and training are documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Exceptions/exemptions are maintained in file. |

ADMINISTRATION

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | License is posted in a prominent place accessible to public view. 87115 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | The facility has a disaster and mass casualty plan of action. 87223(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Emergency exiting plan and phone numbers are posted. 87223(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Resident roster is available. 87571 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Waivers are maintained on file. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Substantiated complaints and all deficiencies are posted in public view for six months. H&S Code 1569.38(a) |

INCIDENT REPORTING

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Written incident reports are sent to Licensing within seven (7) days. 87561(a)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Incidents are reported to the resident's responsible person. 87561(a)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | All administrative and care staff are trained in the requirements of incident reporting. 87561(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Administrator has reviewed incident reports and taken any corrective action necessary. |

ACTIVITIES

MET NOT MET

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Current activity calendar is posted in facilities with a capacity of 7 or more. 87579(d) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Supplies are available for activities. 87579(i) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Activities available include: socialization, activities which maintain daily living skills, leisure time activities, physical activities and educational activities. 87579(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Attendance at religious activities is available to interested residents. 87579(c)(1), 87572(a)(5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Resident council meetings are made available upon request of residents. 87592 |

ACTIVITIES
(continued)

MET **NOT MET**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Activities are provided as scheduled on activity calendar. |
|--------------------------|--------------------------|---|

MISCELLANEOUS

MET **NOT MET**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Vehicles used to transport residents are maintained in safe operating condition. 87574 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Non-cleared persons (friends, family, volunteers, neighbors) are not used as back up staff. 87219 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The facility is equipped with first aid supplies (sterile first aid dressings, bandages, thermometer, scissors, tweezers) and a current first aid manual. 87575(a)(10) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Basic laundry service (washing, drying and ironing of personal clothing) is provided. 87577(a)(3)(F) |